

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-015906

STATE FILE NUMBER

2 3560

FILED MAY 14 1959

Registration District No. Primary Registration District No. Registrar's

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>St. Louis</b> TOWN Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN <b>St. Louis</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Louis Chronic Hosp. 2-yrs.</b>				d. STREET ADDRESS (If outside, give location) <b>4253 Maryland Ave.</b> Reside on Fa Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <b>Margaret</b> Middle Last <b>Ward</b>				4. DATE OF DEATH Month <b>April</b> Day <b>6</b> Year <b>1959</b>			
5. SEX <b>F.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 20, 1881</b>		9. AGE (In years last birthday) <b>77</b> IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Saleslady</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13. FATHER'S NAME <b>William Ward</b>				14. MOTHER'S MAIDEN NAME <b>Margaret Huey</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>Mr. Edward L. Ward, 3923 St. Ferdinand</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Fracture of right hip</b> <b>Arterio sclerosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>E 904.7</b> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>Suffered in fall at Chronic</b>					
20c. TIME OF INJURY Hour a. m. p. m. <b>3 17 59</b> Month, Day, Year <b>Hospital on March 17 1959.</b>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <b>13 Hosp</b>					
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>St. Louis Mo</b>		20f. CITY, TOWN, OR LOCATION <b>St. Louis Mo</b>		20g. COUNTY		20h. STATE	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at <b>600A</b> on the date stated above; and to the best of my knowledge, from the causes stated							
22a. SIGNATURE (Deceased or Wife) <b>Edna L. Ward</b>				22b. ADDRESS <b>1300 Oak</b>		22c. DATE SIGNED <b>4/10/59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>April 11, 1959</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Arthur J. Donnelly 3840 Lindell Blvd.</b>				25. DATE RECD. BY LOCAL REG. <b>APR 10 59</b>		26. REGISTRAR'S SIGNATURE <b>Earl Smith, M.D.</b>	

(Licensed Embalmer's Statement on Reverse Side)

ill, affare, sile, rvice

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Francis Hillion*

Licensed Embalmer No. *3*

P. O. Address *3840*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.